

Program J: Charity Hospital and Medical Center of Louisiana at New Orleans

Program Authorization: R.S. 36:251-259; 1-15 and Act 3 of 1997

PROGRAM DESCRIPTION

The mission of Medical Center of Louisiana at New Orleans and University Hospital is to provide quality patient-centered care in a teaching setting to all people with a special concern for the medically under served and indigent of the State of Louisiana. Medical Center of Louisiana and University Hospital, which are separate charity hospital facilities, are both located in New Orleans.

The goals of Medical Center of Louisiana at New Orleans (MCLNO) and University Hospital are:

1. Prevention: To provide health care effectiveness with an emphasis on preventive and primary care.
2. Partnership: To integrate health delivery network with internal and external community partners.
3. Performance: To improve management information systems and fiscal accountability.

The Medical Center of Louisiana is New Orleans' major health care system, serving the Greater New Orleans Area, including Jefferson, Orleans, Plaquemines, St. Bernard, St. Charles-East Bank, St. John the Baptist, and St. Tammany parishes with quality health programs at its two campuses: Charity Hospital and University Hospital. University Hospital was added to the system when the State of Louisiana purchased it in 1992.

Charity Hospital is one of the oldest of the nation's hospitals. It was established in 1736 with the bequest from a French seaman and merchant, and has been in continuous operation ever since. The hospital is the forerunner of today's system of safety net public hospitals stretching across Louisiana.

The Charity Campus of the Medical Center of Louisiana has, as a major center of excellence, the finest trauma center in the State of Louisiana, designated by the Orleans Parish Health Department as the official trauma center for the parish. In addition, Charity Hospital is the home of the Gulf Coast Research Center, staffed by physicians from the Louisiana State University and Tulane Medical Schools, where state-of-the-art medicine is practiced under ideal staffing and physical circumstances with access to research studies and systems from both institutions. The facilities provide acute and primary general medical and specialty services including critical care to the indigent, uninsured, Medicare, and Medicaid patients of the hospital's service area.

The hospital provides additional support functions such as pharmacy; blood bank; respiratory therapy; anesthesiology; and various diagnostic services and other support functions of a non-medical nature, such as administration; maintenance; housekeeping; mail service; purchasing; accounting; and admissions and registration. The facility also maintains a stipend program for medical residents and contracts for physician and anatomical services and works cooperatively with medical schools and other health education institutions to broaden the opportunity for clinical training in the hospital.

The facilities deliver a comprehensive range of quality health care to any Louisiana resident, especially to the medically indigent or anyone needing emergency care. The Medical Center provides services without regard to race, creed, color, national origin or ability to pay, and serves as the tertiary referral center for the charity hospital system and as a resource to other hospitals and medical care providers. The hospitals are currently staffed for 685 beds.

Charity Hospital, which on June 29, 2000, will be renamed Reverend Avery C. Alexander Charity Hospital, after a well-loved late legislator who was committed to the welfare of the hospital.

OBJECTIVES AND PERFORMANCE INDICATORS

Unless otherwise indicated, all objectives are to be accomplished during or by the end of FY 2000-2001. Performance indicators are made up of two parts: name and value. The indicator name describes what is being measured. The indicator value is the numeric value or level achieved within a given measurement period. For budgeting purposes, performance indicator values are shown for the prior fiscal year, the current fiscal year, and alternative funding scenarios (continuation budget level and Executive Budget recommendation level) for the ensuing fiscal year (the fiscal year of the budget document).

The objectives and performance indicators that appear below are associated with program funding in both the Base Executive Budget and Governor's Supplementary Recommendations for FY 2000-01. Specific information on program funding is presented in the financial sections that follow performance tables.

1. (KEY) To continue to provide professional, quality, acute general medical and specialty services to patients in the hospital and maintain the average length of stay of 5.9 days for patients admitted to the hospital.

Strategic Link: *This objective reflects the movement toward the achievement of the 1998-2002 Health Care Services Division (HCSD) Strategic Plan Goal 1: Implement initiatives to improve effectiveness of health care delivery in the HCSD system by enhancing the preventive and primary care components.*

LEVEL	PERFORMANCE INDICATOR NAME	PERFORMANCE INDICATOR VALUES					
		YEAREND PERFORMANCE STANDARD FY 1998-1999	ACTUAL YEAREND PERFORMANCE FY 1998-1999	ACT 10 PERFORMANCE STANDARD FY 1999-2000	EXISTING PERFORMANCE STANDARD FY 1999-2000	AT CONTINUATION BUDGET LEVEL FY 2000-2001	AT RECOMMENDED BUDGET LEVEL FY 2000-2001
S	Number of staffed beds ¹	685	685	641 ²	641 ²	589	589
K	Average daily census ³	Not applicable ⁴	488	Not applicable ⁵	475 ⁶	460	460
K	Emergency department visits	185,000	172,884	204,568 ²	204,568 ²	167,979	167,979
S	Total outpatient encounters	555,000	528,181	507,205 ²	507,205 ²	511,951	511,951
K	Percentage of gross revenue that is outpatient revenue (current year)	Not applicable ⁴	29.04%	Not applicable ⁵	27.26% ⁶	26.66%	26.66%
S	Number of staff per patient	Not applicable ⁴	Not available ⁷	Not applicable ⁵	Not available ⁷	Not available ⁷	11.74
S	Average length of stay for inpatients	5.8 ⁴	5.9	5.8	5.8	5.9	5.9
K	Cost per adjusted discharge ⁸	Not applicable ⁴	\$9,315	\$10,171	\$10,171	\$10,481 ⁹	\$10,481
K	Readmission rates	Not applicable ⁴	Not available ⁷	Not applicable ⁵	Not available ⁷	Not available ⁷	Not available ⁷
S	Patient satisfaction survey rating	Not applicable ⁴	Not available ⁷	Not applicable ⁵	Not available ⁷	Not available ⁷	Not available ⁷
K	JCAHO/HCFA accreditation	Not applicable ⁴	100%	98%	98%	100% ¹⁰	100%
K	Salaries and benefits as a percent of total operating expenses ⁸	Not applicable ⁴	43.88%	43.21%	43.21%	43.73%	43.73%
S	Percentage change in gross outpatient revenue as a percent of total revenue	Not applicable ⁴	-0.09%	Not applicable ⁵	-6.13%	-2.20%	-2.20%

¹ Staffed beds is consistent with the American Health Association's definition of available beds.

² HCSD had earlier planned to absorb the FY 2000 \$40 million budget shortfall entirely in inpatient days. The impact of such a course of action would have been a wholesale reduction in the number of staffed beds, reducing inpatient days, reducing clinic visits and increasing emergency department visits, because of loss of staff. Performance standards shown in the Executive Budget were adjusted in anticipation of this course of action. Since the standards adjustment occurred, HCSD offset \$7 million of the losses with efficiencies and gave the medical centers the responsibility for developing contingency plans to allow them to decide how the cuts might best be made. As a result, the performance standards must be re-adjusted because inpatient days, outpatient encounters, and available (staffed) beds are set much too low, given the current situation and will either be impossible to meet or very easy.

- ³ In order for average daily census to be meaningful, it must be understood in context. Actual daily census can be at or over 100 percent of staffed beds on some high-demand days, and additional beds (over the average daily census) have traditionally been kept available by all hospitals to deal with unanticipated demand.
- ⁴ This performance indicator did not appear under Act 19 and therefore had no performance standard for FY 1998-99.
- ⁵ This performance indicator did not appear under Act 10 and therefore had no performance standard for FY 1999-2000.
- ⁶ This Existing Operating Budget Level figure is an estimate and not a standard that appeared under Act 10 for FY 1999-2000.
- ⁷ HCSD is working on providing this information and plans to submit an amendment to House Bill 1 to add this as a quality of care indicator.
- ⁸ There is great diversity in the level and volume of service provided at medical centers. There is a cost differential inherent in the proportion of primary (non-emergent outpatient care) and secondary services (inpatient services) provided by a hospital. Tertiary services, such as the advanced trauma services provided at MCLNO, add another level of costs that need to be factored in the comparison. Whether a hospital provided medical education must also be considered. These factors impact the cost per adjusted discharge and the number of employees per adjusted discharge. Each hospital in the HCSD system should be compared to groups in the nation which are as closely similar as possible in order to get a sense of how well each hospital is functioning.
- ⁹ Because the General Ledger staff have been diverted to implement PeopleSoft as quickly as possible, HCSD has been forced to discontinue the General Ledger accounting system for FY 2000 and probably most of FY 2001. HCSD will be unable, therefore, to provide actual "cost per adjusted discharge," but will be able to provide "operating expense per adjusted discharge" in La Pas reporting for those years. This figure will be technically different but substantively comparable to "cost per adjusted discharge."
- ¹⁰ The change from a 98% compliance to 100% compliance reflects a change in calculations. The 100% level reflects a pass/fail approach to certification.

GENERAL PERFORMANCE INFORMATION:					
PERFORMANCE INDICATOR	PRIOR YEAR ACTUAL FY 1994-95	PRIOR YEAR ACTUAL FY 1995-96	PRIOR YEAR ACTUAL FY 1996-97	PRIOR YEAR ACTUAL FY 1997-98	PRIOR YEAR ACTUAL FY 1998-99
Percentage of gross revenue that is outpatient revenue (prior year)	Not available ¹	Not available ¹	Not available ¹	34.38%	29.07%
HCIA National Standard for cost per adjusted discharge (median)	8,494	5,966	9,122	Not available ²	Not available ²
HCIA National Personal services (salaries & benefits) cost as a percent of operating cost (median)	50.60%	49.56%	49.39%	Not available ²	Not available ²

¹ This information is not stored in the computerized financial accounting system, but is archived, if it still exists, on microfiche at the hospitals. Some hospitals were able to locate it and some were not.

² The 2000 Sourcebook, which will contain standards for 1998, has been published, but has not yet been received by HCSD.

2. (KEY) To enroll at least one-third of the eligible diagnosed diabetic, asthmatic, HIV+ and high risk congestive heart failure patients in the Health Care Services Division (HCSD) system into disease management protocols.

Strategic Link: *Implements strategic plan Goal 1 initiatives: To improve the effectiveness of health care delivery in the HCSD system by enhancing the preventive and primary care components.*

Explanatory Note: Eligible is defined as having the diagnosis and being compliant with the protocol; High risk congestive heart failure is characterized by admission to the hospital or emergency room with congestive heart failure in the past year.

LEVEL	PERFORMANCE INDICATOR NAME	PERFORMANCE INDICATOR VALUES					
		YEAREND PERFORMANCE STANDARD FY 1998-1999	ACTUAL YEAREND PERFORMANCE FY 1998-1999	ACT 10 PERFORMANCE STANDARD FY 1999-2000	EXISTING PERFORMANCE STANDARD FY 1999-2000	AT CONTINUATION BUDGET LEVEL FY 2000-2001	AT RECOMMENDED BUDGET LEVEL FY 2000-2001
S	Patients with covered diseases	Not applicable ¹	Not available ²	Not applicable ³	16,746 ⁴	17,264 ⁵	17,264
K	Eligible diagnosed patients enrolled	Not applicable ¹	Not available ²	Not applicable ³	4,187 ⁴	5,754	5,754

¹ This performance indicator did not appear under Act 19 and therefore had no performance standard for FY 1998-99.

² This is a new performance indicator to measure the new objective above. The HCSD (representatives of the medical and administrative sides of each medical center and the administrative office) is in the process of developing a new strategic plan which will more clearly reflect the core purposes and values of the Division. The focus expressed in the goals in the 1998-2002 (health care effectiveness with emphasis on preventive and primary care; integrated health delivery network with internal and external community partners; and improved management information systems and fiscal accountability) is unchanged, but emphasis in the objectives chosen has changed slightly.

³ This performance indicator did not appear under Act 10 and therefore had no performance standard for FY 1999-2000.

⁴ This indicator is critically important to measuring the system's success in implementing the disease management initiative. However, eligibility for the initiative is currently calculated differently by each medical center. An important part of the reason for the new strategic plan is to systematize the hospitals, so that comparisons and, therefore, improvements based on sharing information can occur. One step in this process is to agree on and implement a definition for eligibility for disease management. This will take place in the fiscal year and correct eligibility figures will be available for the next Operational Plan.

⁵ The patients with covered diseases estimate is based on computerized patient billing records which provide an unduplicated count of patients with targeted diseases seen in the hospital in 1998. This is currently an underestimate of the actual prevalence of these disorders in the patient population because: a) only patients who have been diagnosed with the disorder are reflected; and b) billing records reflect the treatment provided - not the medical history of the patient.

3. (SUPPORTING) To assess and take steps to ameliorate over utilized or non-existent services in the Medical Center of Louisiana (MCLNO) catchment

Strategic Link: *This objective reflects the incremental movement toward the achievement of the 1998-2002 Health Care Services Division Strategic Plan Goal 2 which is to implement initiatives to improve coordination with other segments of the Louisiana health care delivery system.*

Explanatory Note: Catchment area is defined as the parishes from which the majority of the hospital's patients are drawn. The parished include Jefferson, Orleans, Plaquemines, St. Bernard, St. Charles and St. John.

LEVEL	PERFORMANCE INDICATOR NAME	PERFORMANCE INDICATOR VALUES					
		YEAREND PERFORMANCE STANDARD FY 1998-1999	ACTUAL YEAREND PERFORMANCE FY 1998-1999	ACT 10 PERFORMANCE STANDARD FY 1999-2000	EXISTING PERFORMANCE STANDARD FY 1999-2000	AT CONTINUATION BUDGET LEVEL FY 2000-2001	AT RECOMMENDED BUDGET LEVEL FY 2000-2001
S	Percentage completion of community needs assessment in the MCLNO catchment area	Not applicable ²	0%	Not applicable ³	0% ⁴	100%	100%
S	Number of collaborative agreements signed with other health care providers ¹	Not applicable ²	24	Not applicable ³	25 ⁴	26	26

¹ Collaborative agreements have been defined as contracts, cooperative endeavors, or affiliation agreements with health care providers (i.e., hospitals, physicians, nurses, allied health providers or agencies) or health-related entities (i.e., schools, state agencies) outside the HCSD system.

² This performance indicator did not appear under Act 19 and therefore had no performance standard for FY 1998-99.

³ This performance indicator did not appear under Act 10 and therefore had no performance standard for FY 1999-2000.

⁴ This Existing Operating Budget Level figure is an estimate and not a standard.

RESOURCE ALLOCATION FOR THE PROGRAM

	ACTUAL 1998-1999	ACT 10 1999- 2000	EXISTING 1999- 2000	CONTINUATION 2000 - 2001	RECOMMENDED 2000 - 2001	RECOMMENDED OVER/(UNDER) EXISTING
MEANS OF FINANCING:						
STATE GENERAL FUND (Direct)	\$600,000	\$1,100,000	\$1,100,000	\$1,100,000	\$500,000	(\$600,000)
STATE GENERAL FUND BY:						
Interagency Transfers	329,677,732	330,194,666	330,194,666	340,411,791	325,911,660	(4,283,006)
Fees & Self-gen. Revenues	13,400,958	13,400,988	13,400,988	13,400,988	13,400,988	0
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
FEDERAL FUNDS	44,613,007	45,423,311	45,423,311	45,423,311	45,423,311	0
TOTAL MEANS OF FINANCING	<u><u>\$388,291,697</u></u>	<u><u>\$390,118,965</u></u>	<u><u>\$390,118,965</u></u>	<u><u>\$400,336,090</u></u>	<u><u>\$385,235,959</u></u>	<u><u>(\$4,883,006)</u></u>
EXPENDITURES & REQUEST:						
Salaries	\$135,796,401	\$135,808,097	\$135,761,460	\$139,932,232	\$135,258,220	(\$503,240)
Other Compensation	10,881,931	10,457,639	10,924,919	10,924,919	10,924,919	0
Related Benefits	22,257,386	22,322,337	22,269,016	22,933,921	23,618,927	1,349,911
Total Operating Expenses	116,094,594	115,906,828	113,899,537	116,439,940	108,182,654	(5,716,883)
Professional Services	30,154,199	31,415,242	29,913,448	31,231,739	30,456,328	542,880
Total Other Charges	69,223,373	70,322,822	72,449,632	74,968,339	72,889,911	440,279
Total Acq. & Major Repairs	3,883,813	3,886,000	4,900,953	3,905,000	3,905,000	(995,953)
TOTAL EXPENDITURES AND REQUEST	<u><u>\$388,291,697</u></u>	<u><u>\$390,118,965</u></u>	<u><u>\$390,118,965</u></u>	<u><u>\$400,336,090</u></u>	<u><u>\$385,235,959</u></u>	<u><u>(\$4,883,006)</u></u>
AUTHORIZED FULL-TIME						
EQUIVALENTS: Classified	0	4,551	4,551	4,551	4,399	(152)
Unclassified	0	0	0	0	0	0
TOTAL	<u><u>0</u></u>	<u><u>4,551</u></u>	<u><u>4,551</u></u>	<u><u>4,551</u></u>	<u><u>4,399</u></u>	<u><u>(152)</u></u>

A supplementary recommendation of \$148.1 million, of which all is Uncompensated Care, is included in this program, including 466 positions. Funding is dependent upon renewal of the 3% suspension of the exemptions to the sales tax.

A supplementary recommendation of \$25.8 million, of which \$21.2 million is uncompensated care and \$4.5 million is claims from the Medically Needy Program, is included in the program. These items are contingent upon Revenue Sources in excess of the Official Revenue Estimating Conference Forecast subject to Legislative approval and recognition by Revenue Estimating Conference.

SOURCE OF FUNDING

This program is funded with State General Fund, Interagency Transfers, Self-generated Revenue and Federal Funds. The Interagency Transfers represent Title XIX reimbursement from the Medicaid program for services provided to Medicaid eligible and "free care" patients. The Self-generated Revenue represents insurance and self pay revenues for services provided to patients who are not eligible for "free care". The Federal Funds are derived from Title XVIII, Medicare payments for services provided to Medicare eligible patients.

ANALYSIS OF RECOMMENDATION

GENERAL FUND	TOTAL	T.O.	DESCRIPTION
\$1,100,000	\$390,118,965	4,551	ACT 10 FISCAL YEAR 1999-2000
			BA-7 TRANSACTIONS:
\$0	\$0	0	None
\$1,100,000	\$390,118,965	4,551	EXISTING OPERATING BUDGET – December 3, 1999
\$0	\$2,066,390	0	Annualization of FY 1999-2000 Classified State Employees Merit Increase
\$0	\$2,104,382	0	Classified State Employees Merit Increases for FY 2000-2001
\$0	(\$5,609,744)	0	Risk Management Adjustment
\$0	\$3,905,000	0	Acquisitions & Major Repairs
\$0	(\$4,900,953)	0	Non-Recurring Acquisitions & Major Repairs
\$0	\$2,633	0	Legislative Auditor Fees
\$0	(\$3,301)	0	UPS Fees
\$0	(\$704,413)	0	Salary Base Adjustment
\$0	(\$2,750,935)	0	Attrition Adjustment
\$0	(\$681,053)	(152)	Personnel Reductions
\$0	\$88,348	0	Civil Service Fees
(\$600,000)	(\$600,000)	0	Other Non-Recurring Adjustments - Non-recur New Orleans Health Corporation
\$0	\$422,366	0	Other Adjustments - Maintenance contracts on existing equipment
\$0	\$1,489,961	0	Other Adjustments - House Officer stipend increase to the Southern Regional Average
\$0	\$288,313	0	Other Adjustments - Increase transfer of Ryan White Federal Funds from OPH for HIV medications
\$500,000	\$385,235,959	4,399	TOTAL RECOMMENDED
\$0	(\$273,960,417)	(3,379)	LESS GOVERNOR'S SUPPLEMENTARY RECOMMENDATIONS
\$500,000	\$111,275,542	1,020	BASE EXECUTIVE BUDGET FISCAL YEAR 2000-2001
			SUPPLEMENTARY RECOMMENDATIONS CONTINGENT ON SALES TAX RENEWAL:
\$0	\$248,122,670	3,379	A supplementary recommendation of \$248.1 million, of which all is Uncompensated Care, is included in the Total Recommendation for Medical Center of Louisiana at New Orleans, including 3,379 positions
\$0	\$248,122,670	3,379	TOTAL SUPPLEMENTARY RECOMMENDATIONS CONTINGENT ON SALES TAX RENEWAL

			SUPPLEMENTARY RECOMMENDATIONS CONTINGENT ON NEW REVENUE:
\$0	\$25,837,747	0	A supplementary recommendation of \$25.8 million, of which \$21.2 is Uncompensated Care and \$4.5 million is claims from the Medically Needy Program, is included in the Total Recommendation for the Medical Center of Louisiana at New Orleans
\$0	\$25,837,747	0	TOTAL SUPPLEMENTARY RECOMMENDATIONS CONTINGENT ON NEW REVENUE
\$500,000	\$385,235,959	4,399	GRAND TOTAL RECOMMENDED

The total means of financing for this program is recommended at 98.7% of the existing operating budget. It represents 86.3% of the total request (\$446,236,617) for this program. The overall decrease is a result of a reduction in risk management premiums. This decrease is offset by an increase in funding for maintenance contracts on existing equipment, a six percent (6%) House Officer stipend increase to the southern regional average, and an increase in the transfer of Ryan White Federal Funds from the Office of Public for HIV medications. The changes should have no significant impact on the delivery of services.

PROFESSIONAL SERVICES

\$11,148	S. Longo and Associates for Joint Commission on the Accreditation of Healthcare Organizations
\$51,322	Meric Cimini, Moses, and Burk-Kleinpeter for architectural and engineering services
\$290,000	Total Blood Management for Perfusionist services
\$15,000	John Davidson for Physical Therapy services
\$5,000	Hand Therapy for Occupational Therapy services
\$3,000	Joyce Pepiton for Physical Therapy services
\$7,500	Expedito Bautista for Physical Therapy services
\$10,000	Professional Therapeutic Associates for Physical Therapy services
\$20,000	Premier Physical Therapy for Speech, Physical, and Occupational Therapy services
\$6,000	Therapy Group of New Orleans for Speech, Physical, and Occupational Therapy services
\$6,421,412	Van Meter & Associates for management of emergency medical services and physician clinical care coverage
\$80,660	Xavier University of Louisiana for clinical Pharmacy services
\$30,000	Orleans Parish Medical Society for providing data collection and documentation services
\$107,540	Various professionals for on-site educational sessions for JCAHO, conduct 5 day mock JCAHO survey, and maintain regulatory JCAHO compliance standards
\$819,000	Tulane University Medical Center for trauma physician services
\$150,000	Tulane University Medical Center for Diagnostic services
\$1,503,720	Tulane University Medical Center to provide overall Medical direction
\$150,000	Tulane University Medical Center for Radiation Oncology physician services
\$623,653	Tulane University Medical Center for HIV inpatient and outpatient services
\$6,804,589	Tulane University Medical Center for resident supervision and physician services
\$9,242,880	Tulane University Medical Center for House Officer salaries
\$8,350	Tulane University Medical Center for Administrative Residency Program
\$3,797,204	Purchased Medical Care for physician and hospital services
\$10,000	Quality Healthcare Consulting for Hospice Department consulting
\$40,000	Charbonnet Transportation for disposal of infant and fetal remains
\$5,000	Cales and Associates for Network consulting

\$7,500	Deaf Action Center for providing interpreters for the hearing impaired
\$63,000	Various ministers for chaplain services
\$6,000	American Appraisal for inventory reporting
\$13,000	Dianne Dugue for graphic artist services
\$48,000	Ronald Abess for consulting services
\$48,000	Physician Management Group, Inc. for documentation of Patient Records
\$10,000	George LeBlanc for programming services
\$8,000	Professional Security Training, Inc. for security training in firearms
\$24,850	Goldstein & Goldstein for electrical design services
\$10,000	Elevator Technical Services for elevator inspection consulting services
\$5,000	Irving Eppling & Associates for property appraisals

\$30,456,328 TOTAL PROFESSIONAL SERVICES

OTHER CHARGES

\$140,496	Legislative Auditor expenses
\$6,180,000	Costs associated with LPFA payment for bonded indebtedness on University Hospital
\$356,418	Costs associated with medical stipends and scholarships for Allied Health students in return for pledged services after graduation
\$749,310	Costs associated with HIV for early intervention program
\$2,903,186	Costs associated with HIV
\$500,000	Costs associated with Tumor Registry Program

\$10,829,410 SUB-TOTAL OTHER CHARGES

Interagency Transfers:

\$10,925,000	Payments to the Office of Mental Health for operation and management of acute psychiatric inpatient unit
\$5,105,441	Payments to LSU Medical Center for physician services and medical direction
\$3,697,325	Payments to LSU Medical Center for HIV outpatient program
\$54,500	Payments to LSU Medical Center for EEG's
\$296,358	Payments to LSU Medical Center for employee assistance and drug testing program
\$559,500	Payments to LSU Medical Center for specialty lab services
\$1,634,672	Payments to LSU Medical Center for Rehabilitation services
\$19,848,479	Payments to LSU Medical Center for Resident Supervision and Education services
\$283,551	Payments to LSU Medical Center for Radiation Oncology services
\$83,800	Payments to LSU Medical Center for advanced Nurse Practitioner services
\$487,639	Payments to LSU Medical Center for Continuity Care Clinic
\$17,506,945	Payments to LSU Medical Center for House Officers salaries

\$183,011	Payments to Northeast Louisiana University for Clinical Pharmacy services
\$46,475	Payments to Southern University and Grambling State University for Administrative Residency program
\$642,607	Payments to LSU Medical Center for support services
\$518,867	Payments to the Department of Civil Service
\$39,715	Payments for the Comprehensive Public Training Program
\$141,638	Payments for Uniform Payroll System expenses
\$4,978	Payments to the Treasury Department for bank service charges
\$62,060,501	SUB-TOTAL INTERAGENCY TRANSFERS
\$72,889,911	TOTAL OTHER CHARGES

ACQUISITIONS AND MAJOR REPAIRS

\$3,905,000	Funding for replacement of inoperable and obsolete equipment
\$3,905,000	TOTAL ACQUISITIONS AND MAJOR REPAIRS